Data Recovery Laboratories
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Ph: 07 3279 7436
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CREDIT CARD AUTHORISATION

I, _____ authorize Data Recovery Laboratories to charge

(CARDHOLDERS NAME)

$ _____ to my credit card. I will provide the card number over the phone or

(DOLLAR AMOUNT) below.

I agree to pay the said amount in full, according to the terms of agreement with the card issuer.

_____ _____

(CARDHOLDERS SIGNATURE) **(DATE)**

We accept Visa, MasterCard and Bankcard

Please fax back to 07 3279 5429

Card Details:

Card number: _____

Expiry date: _____

Amount: _____

Date: _____

Signature: _____